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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Group Hospital Indemnity HIC-GP-HI-POL 10/13		
<b>Project Name/Number:</b>	Group Hospital Indemnity/HIC-GP-HI-POL 10/13		

## Filing at a Glance

Company:	Humana Insurance Company
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 10/13
State:	District of Columbia
TOI:	H14G Group Health - Hospital Indemnity
Sub-TOI:	H14G.000 Health - Hospital Indemnity
Filing Type:	Rate
Date Submitted:	04/01/2014
SERFF Tr Num:	ICCI-129481085
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	HIC-GP-HI-POL 10/13-R
Implementation	On Approval
Date Requested:	
Author(s):	Brenda Dawson
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

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<b>Project Name/Number:</b>	Group Hospital Indemnity/HIC-GP-HI-POL 10/13		

## General Information

Project Name: Group Hospital Indemnity	Status of Filing in Domicile:
Project Number: HIC-GP-HI-POL 10/13	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 04/07/2014	
State Status Changed:	Deemer Date:
Created By: Brenda Dawson	Submitted By: Brenda Dawson
Corresponding Filing Tracking Number: ICCI-129444940	

### Filing Description:

Enclosed is a rate filing for the forms filed under SERFF Tracking # ICCI-129444940. This is a new filing and is not intended to replace any filing previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Group Hospital Indemnity Policy HIC-GP-HI-POL 10/13 is a hospital indemnity policy and will be issued to an eligible employer located in your state. It pays a fixed amount based on the surgical schedule.

Form HIC-GP-HI-CERT-DC 10/13 is the certificate of insurance evidencing coverage under the group policy.

Waiver of Premium Due to a Sanctioned Strike Benefit Rider HIC-GP-SPW 2/11, previously approved by your Department on October 4, 2010 under SERFF Tracking # ICCI-126801081, may also be used with this plan.

This is a true group employer form.

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative [Brendadawson@inscompliance.com](mailto:Brendadawson@inscompliance.com)  
3925 East State Street, Suite 200 815-316-6714 [Phone]  
Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
P.O Box 740036	Group Code: 119	Company Type: L&H
500 West Main Street	Group Name: Humana Insurance	State ID Number:
Louisville, KY 40201-7436	Company	
(502) 580-2712 ext. [Phone]	FEIN Number: 39-1263473	

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**State:** District of Columbia**Filing Company:** Humana Insurance Company**TOI/Sub-TOI:** H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity**Product Name:** Group Hospital Indemnity HIC-GP-HI-POL 10/13**Project Name/Number:** Group Hospital Indemnity/HIC-GP-HI-POL 10/13

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 10/13		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 10/13		

## Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	District of Columbia	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
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Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 10/13		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		rate sheet	HIC-GP-HI-POL 10/13	New		GPMC Humana Hospital Indemnity Rates.pdf,

## **Appendix A**

Annual Premium Rates											
Age	Sex/Tier	Per \$1,000	Per \$1,000	Per \$100	Per \$100	Per \$100	Per \$25	Per \$100	Per \$25	Per \$50	Per \$90
		First	Occurrence- First	Hospital Daily	ICU	OP Surgery	Inpatient Physician	IP Surgery	Office Visit	ER	At Home Nurse
		Occurrence	Acc + Sick	Benefit							
18	M	39.52	40.90	28.60	1.95	7.90	4.26	1.37	31.44	50.41	20.49
19	M	39.35	40.73	28.97	1.98	8.20	4.32	1.44	31.79	50.51	20.50
20	M	39.26	40.63	29.28	2.01	8.51	4.36	1.52	31.75	50.51	20.48
21	M	39.37	40.75	29.52	2.03	8.83	4.40	1.61	31.08	50.41	20.40
22	M	39.30	40.68	29.68	2.04	9.17	4.42	1.72	31.23	49.77	20.13
23	M	39.06	40.43	29.77	2.03	9.53	4.43	1.81	32.55	48.33	19.66
24	M	38.74	40.09	30.05	2.03	9.92	4.48	1.88	33.91	46.99	19.27
25	M	38.55	39.90	30.55	2.05	10.34	4.55	1.91	35.31	45.77	18.94
26	M	38.78	40.14	31.31	2.08	10.79	4.66	1.90	36.75	44.71	18.70
27	M	39.47	40.85	32.42	2.14	11.28	4.83	1.88	38.25	43.84	18.58
28	M	41.12	42.56	33.89	2.23	11.82	5.05	2.03	39.84	43.26	18.58
29	M	43.44	44.96	35.47	2.33	12.37	5.28	2.13	41.45	42.73	18.65
30	M	45.65	47.25	37.16	2.44	12.92	5.54	2.15	43.09	42.29	18.81
31	M	47.69	49.36	39.00	2.55	13.49	5.81	2.06	44.76	41.94	19.08
32	M	49.35	51.08	41.00	2.68	14.07	6.11	1.89	46.46	41.74	19.47
33	M	51.36	53.16	43.20	2.82	14.66	6.44	2.01	48.22	41.74	20.02
34	M	53.49	55.36	45.56	2.97	15.28	6.79	2.13	50.02	41.73	20.68
35	M	55.95	57.91	48.10	3.13	15.95	7.16	2.26	51.85	41.72	21.48
36	M	58.77	60.82	50.85	3.30	16.66	7.57	2.41	53.73	41.68	22.44
37	M	61.76	63.93	53.87	3.49	17.43	8.02	2.56	55.66	41.62	23.60
38	M	65.04	67.32	57.18	3.71	18.28	8.52	2.72	57.65	41.50	25.00
39	M	68.70	71.11	60.68	3.93	19.14	9.04	2.90	59.73	41.44	26.73
40	M	72.81	75.36	64.41	4.17	20.04	9.59	3.09	61.92	41.43	28.88
41	M	77.07	79.77	68.07	4.41	20.93	10.14	3.28	64.23	41.47	30.97
42	M	81.78	84.64	72.00	4.66	21.84	10.73	3.49	66.75	41.59	33.18
43	M	86.88	89.93	76.23	4.95	22.80	11.36	3.72	69.57	41.84	35.52
44	M	92.00	95.23	80.65	5.24	23.79	12.01	3.96	72.37	42.12	37.98
45	M	96.96	100.35	85.28	5.54	24.81	12.70	4.21	75.17	42.44	40.56
46	M	102.09	105.66	90.20	5.87	25.87	13.44	4.46	77.96	42.82	43.47
47	M	107.22	110.97	95.46	6.21	26.98	14.22	4.74	80.78	43.26	46.65
48	M	112.86	116.81	101.12	6.60	28.16	15.06	5.03	83.69	43.79	50.14
49	M	118.66	122.81	106.94	7.00	29.32	15.93	5.32	86.37	44.36	54.00
50	M	124.85	129.22	112.96	7.41	30.47	16.83	5.62	88.79	44.98	58.29
51	M	131.30	135.89	119.22	7.84	31.61	17.76	5.92	90.86	45.67	63.14
52	M	138.04	142.87	125.82	8.29	32.74	18.74	6.24	92.49	46.44	68.43
53	M	144.90	149.97	132.80	8.79	33.85	19.78	6.56	93.46	47.35	74.19
54	M	152.13	157.46	139.85	9.30	34.95	20.83	6.88	93.46	48.27	80.50
55	M	159.27	164.84	147.01	9.82	36.03	21.90	7.20	93.46	49.21	87.47
56	M	166.32	172.14	154.33	10.37	37.11	22.99	7.53	93.46	50.17	95.41
57	M	173.47	179.54	161.90	10.94	38.17	24.12	7.86	93.46	51.18	104.10
58	M	180.23	186.53	169.77	11.57	39.23	25.29	8.19	93.46	52.26	113.63
59	M	187.17	193.72	177.42	12.21	40.23	26.43	8.51	93.46	53.34	124.16
60	M	194.17	200.97	184.82	12.86	41.17	27.53	8.81	93.46	54.43	135.89
61	M	200.50	207.52	191.96	13.53	42.04	28.60	9.09	93.46	55.53	148.59
62	M	206.39	213.62	198.89	14.24	42.84	29.63	9.34	93.46	56.67	162.03
63	M	212.44	219.88	205.49	15.06	43.53	30.61	9.56	93.46	57.90	176.18
64	M	217.91	225.54	210.60	15.88	43.91	31.37	9.73	93.46	59.10	191.02
65	M	221.40	229.15	213.61	16.74	43.85	31.82	9.83	93.46	60.28	206.42
66	M	226.01	233.92	215.46	17.66	43.61	32.10	9.98	93.46	61.44	223.62
67	M	228.87	236.88	215.14	18.71	43.61	32.05	10.36	93.46	62.57	240.36
68	M	226.53	234.45	210.19	20.12	42.20	31.31	10.74	93.46	63.63	252.63
69	M	199.83	206.83	190.17	23.00	37.87	28.33	10.18	93.46	64.63	244.56
18	F	130.53	135.10	100.60	6.96	12.58	14.99	1.98	41.17	61.53	20.14
19	F	139.41	144.29	113.36	7.92	13.28	16.89	2.18	43.31	63.67	20.83
20	F	148.52	153.71	129.24	9.20	13.98	19.25	2.40	45.59	66.36	21.66
21	F	157.60	163.12	147.62	11.29	14.67	21.99	2.65	48.10	69.99	22.58
22	F	167.13	172.98	156.82	12.64	15.36	23.36	2.93	50.41	71.78	22.97
23	F	176.79	182.98	156.09	12.64	16.05	23.25	3.15	52.43	70.94	22.78
24	F	185.40	191.89	154.75	12.60	16.74	23.05	3.29	54.47	70.07	22.61

G. P. MONNIN CONSULTING, INC.

Annual Premium Rates											
Age	Sex/Tier	Per \$1,000	Per \$1,000	Per \$100	Per \$100	Per \$100	Per \$25	Per \$100	Per \$25	Per \$50	Per \$90
		First Occurrence	First Occurrence- Acc + Sick	Hospital Benefit Daily	ICU	OP Surgery	Inpatient Physician	IP Surgery	Office Visit	ER	At Home Nurse
25	F	192.58	199.32	152.69	12.51	17.42	22.74	3.31	56.56	69.17	22.46
26	F	196.64	203.52	149.74	12.35	18.09	22.31	3.17	58.69	68.24	22.32
27	F	197.57	204.49	145.69	12.11	18.75	21.70	2.93	60.93	67.28	22.21
28	F	194.46	201.27	140.43	11.70	19.41	20.92	3.17	63.32	66.31	22.12
29	F	188.12	194.70	135.06	11.28	20.07	20.12	3.35	65.57	65.22	22.05
30	F	178.77	185.03	129.58	10.86	20.73	19.30	3.44	67.66	63.99	22.00
31	F	167.39	173.24	123.93	10.41	21.39	18.46	3.40	69.53	62.55	21.98
32	F	155.19	160.63	118.05	9.95	22.06	17.59	3.27	71.11	60.82	21.97
33	F	142.84	147.84	111.94	9.43	22.72	16.68	3.43	72.25	58.62	22.01
34	F	131.56	136.17	106.22	8.93	23.39	15.82	3.59	73.40	56.60	22.25
35	F	121.35	125.59	100.96	8.46	24.07	15.04	3.75	74.56	54.82	22.73
36	F	112.79	116.74	96.23	8.03	24.75	14.33	3.89	75.70	53.32	23.53
37	F	105.98	109.69	92.15	7.65	25.45	13.73	4.04	76.84	52.22	24.71
38	F	101.26	104.81	88.81	7.33	26.15	13.23	4.18	77.96	51.67	26.32
39	F	98.12	101.55	86.00	7.05	26.87	12.81	4.31	79.13	51.19	28.35
40	F	96.74	100.13	83.81	6.82	27.59	12.49	4.44	80.36	50.81	30.90
41	F	96.05	99.41	82.21	6.63	28.29	12.25	4.55	81.66	50.53	33.36
42	F	96.74	100.13	81.52	6.51	29.00	12.14	4.66	83.08	50.41	36.00
43	F	98.33	101.77	81.83	6.51	29.73	12.19	4.75	84.70	50.50	38.86
44	F	100.73	104.26	82.38	6.54	30.45	12.27	4.85	86.27	50.64	41.93
45	F	103.17	106.78	83.21	6.58	31.18	12.40	4.94	87.78	50.84	45.24
46	F	105.62	109.31	84.39	6.65	31.91	12.57	5.03	89.25	51.14	48.84
47	F	108.49	112.28	86.01	6.75	32.64	12.81	5.12	90.68	51.56	52.83
48	F	111.61	115.52	88.12	6.91	33.38	13.13	5.21	92.12	52.17	57.29
49	F	115.26	119.30	90.44	7.08	34.12	13.47	5.30	93.11	52.77	62.31
50	F	119.38	123.56	93.00	7.27	34.83	13.85	5.40	93.46	53.34	67.94
51	F	123.78	128.11	95.86	7.49	35.54	14.28	5.51	93.46	53.89	74.02
52	F	128.56	133.06	99.13	7.74	36.23	14.77	5.63	93.46	54.40	80.72
53	F	133.84	138.52	102.85	8.05	36.89	15.32	5.77	93.46	54.87	88.16
54	F	139.17	144.04	106.68	8.36	37.55	15.89	5.91	93.46	55.33	96.45
55	F	144.92	149.99	110.66	8.70	38.21	16.48	6.06	93.46	55.77	105.71
56	F	150.97	156.26	114.84	9.06	38.86	17.11	6.22	93.46	56.19	115.58
57	F	157.54	163.06	119.34	9.45	39.51	17.78	6.39	93.46	56.59	126.44
58	F	164.67	170.43	124.18	9.92	40.17	18.50	6.58	93.46	56.96	138.44
59	F	172.34	178.37	128.80	10.39	40.75	19.19	6.76	93.46	57.31	151.83
60	F	179.65	185.94	133.15	10.86	41.25	19.83	6.92	93.46	57.67	166.84
61	F	186.88	193.42	137.20	11.34	41.63	20.44	7.07	93.46	58.01	182.78
62	F	193.71	200.49	140.88	11.83	41.87	20.99	7.19	93.46	58.35	199.80
63	F	199.56	206.55	144.08	12.36	41.91	21.46	7.28	93.46	58.68	217.94
64	F	204.60	211.76	146.32	12.91	41.72	21.80	7.34	93.46	59.00	237.40
65	F	208.29	215.58	147.22	13.48	41.17	21.93	7.34	93.46	59.31	258.02
66	F	210.95	218.33	147.37	14.10	40.48	21.95	7.35	93.46	59.62	279.53
67	F	213.13	220.59	146.14	14.82	39.77	21.77	7.46	93.46	59.92	300.45
68	F	212.95	220.41	141.91	15.82	38.07	21.14	7.51	93.46	60.20	315.79
69	F	199.83	206.83	127.73	17.97	33.85	19.03	6.95	93.46	60.47	305.69
18	M + Ch	109.77	113.61	53.20	7.37	15.57	7.92	2.20	46.78	100.99	28.75
19	M + Ch	109.60	113.44	53.57	7.40	15.86	7.98	2.27	47.13	101.09	28.76
20	M + Ch	109.51	113.34	53.88	7.42	16.17	8.03	2.35	47.09	101.09	28.74
21	M + Ch	109.62	113.46	54.12	7.44	16.49	8.06	2.44	46.42	100.99	28.66
22	M + Ch	109.55	113.39	54.28	7.45	16.84	8.09	2.54	46.57	100.35	28.39
23	M + Ch	109.31	113.14	54.37	7.44	17.20	8.10	2.63	47.89	98.91	27.92
24	M + Ch	108.99	112.80	54.64	7.45	17.59	8.14	2.70	49.25	97.57	27.53
25	M + Ch	108.80	112.61	55.14	7.46	18.00	8.21	2.74	50.66	96.35	27.20
26	M + Ch	109.03	112.85	55.91	7.49	18.45	8.33	2.73	52.12	95.29	26.96
27	M + Ch	109.71	113.55	57.01	7.55	18.94	8.49	2.70	53.66	94.42	26.84
28	M + Ch	111.36	115.26	58.48	7.64	19.48	8.71	2.86	55.29	93.84	26.84
29	M + Ch	113.67	117.65	60.06	7.75	20.03	8.95	2.95	56.95	93.31	26.91
30	M + Ch	115.89	119.94	61.75	7.85	20.59	9.20	2.97	58.67	92.86	27.07
31	M + Ch	117.92	122.05	63.59	7.97	21.15	9.47	2.88	60.43	92.52	27.33

G. P. MONNIN CONSULTING, INC.



Annual Premium Rates											
		Per \$1,000	Per \$1,000	Per \$100	Per \$100	Per \$100	Per \$25	Per \$100	Per \$25	Per \$50	Per \$90
		First Occurrence	First Occurrence- Acc + Sick	Daily Hospital Benefit	ICU	OP Surgery	Inpatient Physician	IP Surgery	Office Visit	ER	At Home Nurse
Age	Sex/Tier	Occurrence	Acc + Sick	Hospital Benefit	ICU	Surgery	Physician	Surgery	Visit	ER	Nurse
32	M + Ch	119.58	123.77	65.59	8.09	21.73	9.77	2.72	62.26	92.32	27.73
33	M + Ch	121.59	125.84	67.79	8.24	22.32	10.10	2.83	64.17	92.32	28.28
34	M + Ch	123.71	128.04	70.14	8.38	22.94	10.45	2.96	66.14	92.31	28.94
35	M + Ch	126.16	130.58	72.68	8.55	23.61	10.83	3.09	68.19	92.30	29.73
36	M + Ch	128.97	133.49	75.43	8.72	24.32	11.24	3.23	70.32	92.26	30.69
37	M + Ch	131.96	136.58	78.45	8.91	25.09	11.69	3.38	72.55	92.20	31.85
38	M + Ch	135.24	139.97	81.76	9.12	25.93	12.18	3.55	74.88	92.08	33.25
39	M + Ch	138.89	143.75	85.26	9.35	26.80	12.70	3.73	77.38	92.02	34.98
40	M + Ch	142.98	147.99	88.98	9.59	27.70	13.25	3.92	80.05	92.01	37.13
41	M + Ch	147.22	152.37	92.64	9.83	28.58	13.80	4.11	82.83	92.04	39.21
42	M + Ch	151.90	157.21	96.55	10.08	29.49	14.38	4.32	85.90	92.17	41.43
43	M + Ch	156.97	162.47	100.77	10.36	30.45	15.01	4.55	89.38	92.42	43.76
44	M + Ch	162.06	167.73	105.18	10.66	31.43	15.67	4.78	92.95	92.70	46.21
45	M + Ch	166.97	172.82	109.80	10.96	32.45	16.36	5.03	96.65	93.02	48.80
46	M + Ch	172.06	178.08	114.70	11.29	33.50	17.09	5.29	100.50	93.40	51.69
47	M + Ch	177.14	183.34	119.94	11.64	34.61	17.87	5.56	104.58	93.84	54.87
48	M + Ch	182.72	189.11	125.58	12.02	35.78	18.71	5.85	108.97	94.37	58.35
49	M + Ch	188.46	195.05	131.38	12.42	36.93	19.57	6.14	113.41	94.94	62.20
50	M + Ch	194.57	201.38	137.37	12.84	38.08	20.46	6.44	117.91	95.56	66.49
51	M + Ch	200.93	207.96	143.61	13.27	39.21	21.39	6.74	122.49	96.25	71.33
52	M + Ch	207.57	214.84	150.17	13.73	40.32	22.37	7.05	127.23	97.02	76.60
53	M + Ch	214.32	221.82	157.10	14.23	41.42	23.40	7.37	132.16	97.93	82.35
54	M + Ch	221.41	229.16	164.10	14.74	42.51	24.45	7.69	137.03	98.85	88.64
55	M + Ch	228.38	236.37	171.21	15.27	43.57	25.50	8.02	141.81	99.79	95.59
56	M + Ch	235.23	243.46	178.46	15.82	44.63	26.58	8.34	146.47	100.75	103.52
57	M + Ch	242.15	250.62	185.95	16.40	45.67	27.70	8.66	151.02	101.76	112.17
58	M + Ch	248.62	257.32	193.72	17.04	46.69	28.86	9.00	155.44	102.84	121.67
59	M + Ch	255.22	264.15	201.25	17.68	47.65	29.98	9.31	159.68	103.92	132.16
60	M + Ch	261.79	270.96	208.49	18.35	48.55	31.06	9.61	163.71	105.01	143.84
61	M + Ch	267.59	276.96	215.45	19.03	49.36	32.10	9.88	167.45	106.11	156.48
62	M + Ch	272.81	282.36	222.14	19.76	50.09	33.09	10.13	170.77	107.25	169.84
63	M + Ch	277.99	287.71	228.44	20.60	50.68	34.03	10.33	173.46	108.48	183.89
64	M + Ch	282.30	292.18	233.14	21.46	50.94	34.73	10.48	176.08	109.68	198.59
65	M + Ch	284.20	294.14	235.60	22.37	50.70	35.10	10.57	178.63	110.86	213.80
66	M + Ch	287.03	297.07	236.83	23.35	50.27	35.28	10.70	181.12	112.02	230.80
67	M + Ch	287.69	297.76	235.74	24.51	50.03	35.12	11.05	183.47	113.14	247.27
68	M + Ch	282.17	292.05	229.67	26.12	48.27	34.21	11.39	185.56	114.21	259.18
69	M + Ch	248.81	257.51	207.31	29.62	43.21	30.88	10.76	186.92	115.21	250.31
18	F + Ch	200.78	207.81	125.20	12.38	20.24	18.65	2.81	56.51	112.11	28.40
19	F + Ch	209.67	217.01	137.96	13.34	20.94	20.55	3.01	58.65	114.25	29.09
20	F + Ch	218.77	226.43	153.84	14.61	21.64	22.92	3.23	60.93	116.94	29.92
21	F + Ch	227.86	235.83	172.22	16.70	22.34	25.65	3.48	63.44	120.57	30.84
22	F + Ch	237.38	245.69	181.42	18.06	23.03	27.03	3.76	65.76	122.36	31.23
23	F + Ch	247.04	255.69	180.69	18.06	23.72	26.92	3.98	67.79	121.52	31.04
24	F + Ch	255.65	264.60	179.35	18.02	24.40	26.72	4.11	69.86	120.65	30.87
25	F + Ch	262.83	272.03	177.28	17.93	25.08	26.41	4.13	71.97	119.75	30.72
26	F + Ch	266.89	276.23	174.34	17.77	25.75	25.97	3.99	74.15	118.82	30.58
27	F + Ch	267.82	277.19	170.28	17.52	26.42	25.37	3.76	76.43	117.86	30.47
28	F + Ch	264.70	273.97	165.02	17.11	27.08	24.58	4.00	78.88	116.89	30.38
29	F + Ch	258.36	267.40	159.66	16.70	27.73	23.78	4.18	81.22	115.80	30.31
30	F + Ch	249.01	257.73	154.17	16.27	28.39	22.97	4.27	83.40	114.57	30.26
31	F + Ch	237.62	245.93	148.52	15.83	29.06	22.12	4.23	85.39	113.13	30.24
32	F + Ch	225.42	233.31	142.64	15.36	29.72	21.25	4.10	87.11	111.40	30.23
33	F + Ch	213.06	220.52	136.53	14.84	30.38	20.34	4.26	88.43	109.19	30.26
34	F + Ch	201.78	208.85	130.81	14.34	31.05	19.49	4.42	89.79	107.18	30.50
35	F + Ch	191.56	198.27	125.54	13.88	31.73	18.70	4.57	91.19	105.39	30.99
36	F + Ch	182.99	189.40	120.81	13.45	32.41	18.00	4.72	92.62	103.90	31.79
37	F + Ch	176.18	182.35	116.73	13.06	33.10	17.39	4.86	94.10	102.80	32.96
38	F + Ch	171.45	177.45	113.39	12.75	33.81	16.89	5.00	95.62	102.25	34.58

G. P. MONNIN CONSULTING, INC.

Annual Premium Rates											
		Per \$1,000	Per \$1,000	Per \$100	Per \$100	Per \$100	Per \$25	Per \$100	Per \$25	Per \$50	Per \$90
		First Occurrence	Occurrence- Acc + Sick	Hospital Benefit	ICU	OP Surgery	Inpatient Physician	IP Surgery	Office Visit	ER	At Home Nurse
Age	Sex/Tier	Occurrence	Acc + Sick	Benefit	ICU	Surgery	Physician	Surgery	Visit	ER	Nurse
39	F + Ch	168.30	174.19	110.58	12.47	34.52	16.47	5.14	97.26	101.77	36.60
40	F + Ch	166.91	172.76	108.38	12.23	35.25	16.15	5.27	99.04	101.39	39.15
41	F + Ch	166.20	172.02	106.78	12.04	35.94	15.91	5.38	100.90	101.11	41.60
42	F + Ch	166.86	172.70	106.07	11.93	36.65	15.80	5.48	103.00	100.99	44.25
43	F + Ch	168.42	174.31	106.37	11.93	37.37	15.85	5.58	105.39	101.07	47.10
44	F + Ch	170.79	176.76	106.91	11.96	38.09	15.93	5.67	107.88	101.21	50.17
45	F + Ch	173.18	179.24	107.73	12.00	38.82	16.05	5.77	110.47	101.42	53.47
46	F + Ch	175.59	181.73	108.89	12.07	39.54	16.22	5.86	113.20	101.72	57.07
47	F + Ch	178.41	184.65	110.49	12.17	40.27	16.46	5.94	116.15	102.14	61.06
48	F + Ch	181.48	187.83	112.58	12.33	41.01	16.77	6.03	119.40	102.75	65.51
49	F + Ch	185.06	191.54	114.87	12.51	41.73	17.11	6.12	122.63	103.35	70.52
50	F + Ch	189.10	195.72	117.41	12.70	42.44	17.49	6.22	125.83	103.92	76.14
51	F + Ch	193.41	200.18	120.24	12.92	43.14	17.91	6.33	129.00	104.47	82.21
52	F + Ch	198.10	205.03	123.48	13.17	43.81	18.39	6.45	132.14	104.98	88.90
53	F + Ch	203.25	210.37	127.15	13.48	44.46	18.94	6.58	135.23	105.45	96.32
54	F + Ch	208.44	215.74	130.93	13.81	45.11	19.50	6.72	138.32	105.90	104.60
55	F + Ch	214.02	221.52	134.86	14.15	45.75	20.09	6.87	141.41	106.35	113.83
56	F + Ch	219.89	227.58	138.97	14.51	46.38	20.70	7.03	144.54	106.77	123.69
57	F + Ch	226.22	234.14	143.38	14.91	47.01	21.36	7.20	147.74	107.17	134.51
58	F + Ch	233.06	241.22	148.13	15.39	47.63	22.07	7.39	151.09	107.53	146.48
59	F + Ch	240.39	248.80	152.62	15.87	48.18	22.74	7.56	154.32	107.89	159.83
60	F + Ch	247.27	255.93	156.83	16.35	48.62	23.36	7.72	157.38	108.25	174.79
61	F + Ch	253.97	262.86	160.69	16.84	48.95	23.94	7.86	160.24	108.59	190.67
62	F + Ch	260.13	269.23	164.13	17.36	49.12	24.45	7.97	162.80	108.93	207.61
63	F + Ch	265.10	274.38	167.03	17.91	49.06	24.88	8.06	164.91	109.25	225.65
64	F + Ch	268.99	278.40	168.87	18.49	48.74	25.16	8.10	166.96	109.58	244.97
65	F + Ch	271.09	280.58	169.20	19.10	48.02	25.21	8.08	168.97	109.89	265.41
66	F + Ch	271.96	281.48	168.74	19.79	47.14	25.14	8.07	170.96	110.20	286.70
67	F + Ch	271.95	281.47	166.74	20.61	46.19	24.84	8.16	172.88	110.50	307.36
68	F + Ch	268.60	278.00	161.39	21.82	44.14	24.04	8.16	174.70	110.78	322.34
69	F + Ch	248.81	257.51	144.88	24.59	39.19	21.58	7.53	176.40	111.05	311.45
18	Couples	170.04	176.00	129.20	8.91	20.48	19.25	3.36	72.60	111.94	40.63
19	Couples	178.76	185.02	142.33	9.91	21.48	21.20	3.62	75.10	114.18	41.34
20	Couples	187.77	194.34	158.53	11.20	22.48	23.61	3.92	77.34	116.87	42.14
21	Couples	196.98	203.87	177.14	13.32	23.50	26.39	4.26	79.18	120.40	42.97
22	Couples	206.43	213.66	186.51	14.68	24.53	27.78	4.65	81.64	121.56	43.09
23	Couples	215.85	223.41	185.86	14.67	25.59	27.69	4.96	84.98	119.27	42.45
24	Couples	224.14	231.98	184.80	14.64	26.66	27.53	5.16	88.39	117.06	41.88
25	Couples	231.14	239.23	183.23	14.56	27.75	27.30	5.22	91.86	114.94	41.40
26	Couples	235.42	243.66	181.06	14.43	28.88	26.97	5.07	95.45	112.95	41.03
27	Couples	237.04	245.33	178.11	14.24	30.03	26.53	4.81	99.18	111.13	40.79
28	Couples	235.58	243.83	174.32	13.93	31.23	25.97	5.21	103.16	109.57	40.70
29	Couples	231.55	239.66	170.53	13.61	32.44	25.40	5.48	107.02	107.96	40.71
30	Couples	224.42	232.28	166.74	13.29	33.65	24.84	5.59	110.75	106.28	40.82
31	Couples	215.07	222.60	162.93	12.97	34.88	24.27	5.46	114.29	104.50	41.05
32	Couples	204.55	211.70	159.06	12.63	36.12	23.69	5.16	117.57	102.56	41.45
33	Couples	194.20	201.00	155.14	12.25	37.38	23.11	5.44	120.48	100.36	42.03
34	Couples	185.05	191.53	151.78	11.90	38.67	22.61	5.72	123.42	98.33	42.93
35	Couples	177.30	183.50	149.05	11.59	40.01	22.20	6.01	126.41	96.53	44.21
36	Couples	171.55	177.56	147.08	11.34	41.41	21.91	6.30	129.44	95.01	45.97
37	Couples	167.74	173.62	146.02	11.14	42.88	21.75	6.60	132.51	93.84	48.30
38	Couples	166.31	172.13	145.99	11.04	44.43	21.75	6.90	135.61	93.17	51.32
39	Couples	166.82	172.66	146.69	10.99	46.01	21.85	7.21	138.86	92.63	55.08
40	Couples	169.55	175.48	148.22	10.99	47.63	22.08	7.53	142.28	92.24	59.78
41	Couples	173.12	179.18	150.29	11.04	49.22	22.39	7.84	145.89	92.00	64.32
42	Couples	178.52	184.76	153.52	11.17	50.85	22.87	8.15	149.83	92.00	69.19
43	Couples	185.21	191.69	158.06	11.46	52.53	23.55	8.48	154.27	92.33	74.38
44	Couples	192.74	199.48	163.03	11.77	54.24	24.29	8.81	158.64	92.75	79.91
45	Couples	200.13	207.13	168.50	12.12	55.99	25.10	9.15	162.95	93.28	85.81

G. P. MONNIN CONSULTING, INC.

Annual Premium Rates											
		Per \$1,000	Per \$1,000	Per \$100	Per \$100	Per \$100	Per \$25	Per \$100	Per \$25	Per \$50	Per \$90
		First Occurrence	First Occurrence- Acc + Sick	Daily Hospital Benefit	ICU	OP Surgery	Inpatient Physician	IP Surgery	Office Visit	ER	At Home Nurse
Age	Sex/Tier	Occurrence	Acc + Sick	Benefit	ICU	Surgery	Physician	Surgery	Visit	ER	Nurse
46	Couples	207.71	214.98	174.59	12.51	57.78	26.01	9.50	167.21	93.95	92.31
47	Couples	215.70	223.25	181.47	12.96	59.62	27.03	9.86	171.46	94.82	99.48
48	Couples	224.47	232.33	189.24	13.51	61.54	28.19	10.23	175.81	95.97	107.43
49	Couples	233.92	242.11	197.37	14.08	63.44	29.40	10.62	179.48	97.13	116.31
50	Couples	244.23	252.78	205.95	14.68	65.31	30.68	11.02	182.25	98.33	126.24
51	Couples	255.08	264.00	215.09	15.33	67.15	32.04	11.43	184.32	99.56	137.16
52	Couples	266.60	275.93	224.95	16.03	68.96	33.51	11.87	185.95	100.85	149.15
53	Couples	278.74	288.50	235.64	16.84	70.74	35.10	12.33	186.92	102.22	162.35
54	Couples	291.30	301.50	246.53	17.67	72.50	36.72	12.79	186.92	103.60	176.95
55	Couples	304.18	314.83	257.67	18.52	74.24	38.38	13.26	186.92	104.97	193.17
56	Couples	317.29	328.40	269.17	19.42	75.97	40.10	13.74	186.92	106.36	211.00
57	Couples	331.01	342.60	281.24	20.39	77.69	41.89	14.25	186.92	107.77	230.53
58	Couples	344.89	356.97	293.95	21.49	79.40	43.79	14.77	186.92	109.22	252.06
59	Couples	359.51	372.09	306.22	22.60	80.98	45.62	15.27	186.92	110.66	276.00
60	Couples	373.82	386.91	317.97	23.72	82.42	47.37	15.74	186.92	112.09	302.73
61	Couples	387.38	400.94	329.16	24.87	83.67	49.03	16.16	186.92	113.54	331.37
62	Couples	400.11	414.11	339.76	26.08	84.71	50.61	16.54	186.92	115.02	361.83
63	Couples	412.00	426.42	349.57	27.42	85.44	52.07	16.84	186.92	116.58	394.12
64	Couples	422.51	437.30	356.92	28.79	85.63	53.17	17.07	186.92	118.10	428.42
65	Couples	429.69	444.73	360.83	30.22	85.02	53.75	17.17	186.92	119.59	464.44
66	Couples	436.96	452.25	362.84	31.76	84.09	54.05	17.33	186.92	121.06	503.15
67	Couples	442.00	457.47	361.28	33.53	83.38	53.82	17.82	186.92	122.49	540.80
68	Couples	439.48	454.86	352.09	35.93	80.27	52.45	18.24	186.92	123.84	568.43
69	Couples	399.66	413.65	317.90	40.96	71.72	47.36	17.13	186.92	125.10	550.25
18	Family	240.30	248.71	153.80	14.33	28.15	22.91	4.18	87.35	162.52	48.89
19	Family	249.02	257.73	166.93	15.32	29.14	24.87	4.45	89.85	164.75	49.60
20	Family	258.03	267.06	183.13	16.62	30.15	27.28	4.75	92.09	167.45	50.40
21	Family	267.23	276.58	201.74	18.73	31.17	30.05	5.09	93.93	170.98	51.23
22	Family	276.68	286.37	211.10	20.10	32.20	31.45	5.47	96.38	172.13	51.35
23	Family	286.10	296.12	210.46	20.09	33.25	31.35	5.79	99.70	169.85	50.71
24	Family	294.39	304.69	209.39	20.05	34.32	31.19	5.99	103.08	167.64	50.14
25	Family	301.39	311.94	207.83	19.97	35.42	30.96	6.05	106.53	165.52	49.66
26	Family	305.67	316.37	205.65	19.85	36.54	30.64	5.90	110.08	163.53	49.29
27	Family	307.28	318.04	202.70	19.66	37.70	30.20	5.63	113.77	161.71	49.05
28	Family	305.82	316.53	198.91	19.34	38.90	29.63	6.03	117.70	160.15	48.96
29	Family	301.79	312.35	195.12	19.03	40.10	29.07	6.31	121.51	158.53	48.97
30	Family	294.66	304.97	191.33	18.71	41.32	28.50	6.41	125.18	156.86	49.07
31	Family	285.31	295.29	187.52	18.38	42.55	27.93	6.28	128.64	155.08	49.31
32	Family	274.77	284.39	183.64	18.04	43.78	27.36	5.99	131.84	153.14	49.70
33	Family	264.43	273.68	179.73	17.66	45.04	26.77	6.27	134.65	150.93	50.29
34	Family	255.27	264.21	176.37	17.31	46.33	26.27	6.55	137.48	148.91	51.19
35	Family	247.51	256.17	173.63	17.01	47.67	25.87	6.84	140.33	147.11	52.47
36	Family	241.76	250.22	171.66	16.75	49.07	25.57	7.13	143.20	145.59	54.22
37	Family	237.94	246.27	170.60	16.56	50.54	25.41	7.42	146.09	144.42	56.56
38	Family	236.50	244.77	170.57	16.46	52.09	25.41	7.72	148.98	143.75	59.57
39	Family	237.00	245.30	171.26	16.40	53.67	25.51	8.03	151.97	143.21	63.33
40	Family	239.72	248.11	172.79	16.41	55.29	25.74	8.36	155.10	142.82	68.03
41	Family	243.27	251.79	174.85	16.45	56.87	26.05	8.66	158.38	142.58	72.57
42	Family	248.64	257.34	178.08	16.59	58.50	26.53	8.98	161.94	142.58	77.43
43	Family	255.30	264.24	182.61	16.88	60.18	27.20	9.30	165.93	142.91	82.62
44	Family	262.79	271.99	187.56	17.19	61.88	27.94	9.63	169.78	143.33	88.15
45	Family	270.14	279.60	193.01	17.54	63.63	28.75	9.97	173.46	143.86	94.04
46	Family	277.68	287.40	199.09	17.93	65.41	29.66	10.32	176.99	144.53	100.54
47	Family	285.62	295.62	205.95	18.38	67.25	30.68	10.68	180.38	145.40	107.70
48	Family	294.33	304.63	213.70	18.93	69.16	31.83	11.06	183.67	146.54	115.65
49	Family	303.72	314.35	221.81	19.50	71.05	33.04	11.44	185.98	147.71	124.51
50	Family	313.95	324.94	230.36	20.11	72.91	34.32	11.84	186.92	148.91	134.43
51	Family	324.71	336.08	239.47	20.76	74.75	35.67	12.25	186.92	150.14	145.35
52	Family	336.13	347.90	249.30	21.47	76.55	37.14	12.68	186.92	151.43	157.33

G. P. MONNIN CONSULTING, INC.

Annual Premium Rates											
		Per \$1,000	Per \$1,000	Per \$100	Per \$100	Per \$100	Per \$25	Per \$100	Per \$25	Per \$50	Per \$90
Age	Sex/Tier	First Occurrence	First Occurrence- Acc + Sick	Daily Hospital Benefit	ICU	OP Surgery	Inpatient Physician	IP Surgery	Office Visit	ER	At Home Nurse
53	Family	348.15	360.34	259.95	22.28	78.31	38.72	13.14	186.92	152.80	170.51
54	Family	360.58	373.20	270.78	23.11	80.06	40.34	13.60	186.92	154.18	185.10
55	Family	373.29	386.36	281.87	23.97	81.78	41.99	14.07	186.92	155.55	201.30
56	Family	386.20	399.72	293.30	24.88	83.49	43.69	14.56	186.92	156.94	219.10
57	Family	399.69	413.68	305.28	25.85	85.18	45.48	15.06	186.92	158.35	238.61
58	Family	413.29	427.75	317.90	26.96	86.86	47.36	15.58	186.92	159.80	260.10
59	Family	427.56	442.52	330.04	28.07	88.40	49.16	16.07	186.92	161.24	284.00
60	Family	441.44	456.89	341.65	29.21	89.79	50.89	16.53	186.92	162.67	310.68
61	Family	454.47	470.38	352.65	30.37	90.99	52.53	16.95	186.92	164.12	339.26
62	Family	466.52	482.85	363.02	31.60	91.96	54.08	17.32	186.92	165.60	369.64
63	Family	477.55	494.26	372.51	32.97	92.59	55.49	17.61	186.92	167.15	401.83
64	Family	486.90	503.94	379.47	34.37	92.65	56.53	17.82	186.92	168.68	435.99
65	Family	492.49	509.72	382.82	35.84	91.87	57.03	17.91	186.92	170.17	471.83
66	Family	497.97	515.40	384.20	37.45	90.75	57.23	18.05	186.92	171.64	510.33
67	Family	500.82	518.35	381.88	39.33	89.80	56.89	18.52	186.92	173.06	547.72
68	Family	495.12	512.45	371.58	41.93	86.34	55.35	18.90	186.92	174.41	574.97
69	Family	448.64	464.34	335.04	47.59	77.06	49.91	17.71	186.92	175.68	556.01

		Annual Premium Rates						
Age	Sex/Tier	Per \$100	Per \$25	Per \$500	Per \$250	Per \$50	Per \$50	% of Prem
		Transport ation	Contag Dis/ OP Surg Recovery	Family Support	Diagnostic Procedure	Wellness	Rehab	Waiver
18	M	2.46	22.75	1.19	3.35	13.89	0.86	0.007%
19	M	2.49	22.98	1.21	3.39	14.07	0.86	0.008%
20	M	2.49	22.99	1.22	3.38	14.27	0.86	0.008%
21	M	2.43	22.81	1.23	3.31	14.49	0.85	0.008%
22	M	2.45	23.19	1.24	3.33	14.74	0.84	0.008%
23	M	2.55	24.17	1.24	3.47	15.02	0.82	0.008%
24	M	2.66	25.17	1.25	3.62	15.35	0.81	0.008%
25	M	2.77	26.21	1.27	3.77	15.71	0.79	0.007%
26	M	2.88	27.30	1.30	3.92	16.14	0.78	0.007%
27	M	3.00	28.44	1.35	4.08	16.63	0.78	0.007%
28	M	3.13	29.63	1.41	4.26	17.22	0.78	0.007%
29	M	3.26	30.86	1.48	4.44	17.94	0.78	0.007%
30	M	3.39	32.13	1.55	4.62	18.68	0.79	0.008%
31	M	3.53	33.44	1.62	4.81	19.44	0.80	0.008%
32	M	3.67	34.79	1.71	5.00	20.23	0.82	0.008%
33	M	3.82	36.21	1.80	5.21	21.05	0.84	0.008%
34	M	3.98	37.68	1.90	5.42	21.90	0.87	0.009%
35	M	4.14	39.21	2.00	5.63	22.78	0.90	0.009%
36	M	4.30	40.81	2.12	5.86	23.70	0.94	0.010%
37	M	4.48	42.50	2.24	6.10	24.66	0.99	0.010%
38	M	4.66	44.29	2.38	6.35	25.67	1.05	0.011%
39	M	4.86	46.20	2.53	6.61	26.74	1.12	0.011%
40	M	5.07	48.25	2.68	6.90	27.90	1.21	0.012%
41	M	5.28	50.36	2.83	7.20	29.10	1.30	0.012%
42	M	5.53	52.68	3.00	7.52	30.42	1.39	0.013%
43	M	5.80	55.22	3.17	7.89	31.92	1.49	0.014%
44	M	6.08	57.83	3.36	8.27	33.46	1.59	0.015%
45	M	6.37	60.54	3.55	8.67	35.05	1.70	0.016%
46	M	6.67	63.35	3.75	9.08	36.72	1.82	0.017%
47	M	6.99	66.31	3.97	9.51	38.47	1.96	0.017%
48	M	7.33	69.43	4.21	9.98	40.37	2.10	0.019%
49	M	7.68	72.56	4.45	10.46	42.28	2.26	0.020%
50	M	8.03	75.73	4.70	10.94	44.22	2.44	0.021%
51	M	8.39	78.93	4.96	11.42	46.20	2.65	0.023%
52	M	8.76	82.19	5.24	11.93	48.24	2.87	0.024%
53	M	9.15	85.50	5.53	12.46	50.37	3.11	0.026%
54	M	9.53	88.71	5.82	12.98	52.47	3.37	0.028%
55	M	9.90	91.80	6.12	13.48	54.53	3.67	0.030%
56	M	10.27	94.73	6.42	13.98	56.54	4.00	0.032%
57	M	10.63	97.50	6.74	14.47	58.50	4.36	0.034%
58	M	10.97	100.05	7.06	14.94	60.41	4.76	0.036%
59	M	11.30	102.35	7.38	15.39	62.24	5.20	0.039%
60	M	11.62	104.33	7.69	15.82	63.98	5.70	0.042%
61	M	11.91	105.90	7.99	16.22	65.60	6.23	0.045%
62	M	12.18	106.92	8.28	16.58	67.04	6.79	0.047%
63	M	12.39	107.23	8.55	16.87	68.21	7.38	0.051%
64	M	12.59	106.97	8.76	17.15	69.34	8.01	0.055%
65	M	12.80	105.86	8.89	17.42	70.46	8.65	0.059%
66	M	13.00	104.33	8.97	17.70	71.56	9.37	0.063%
67	M	13.19	101.96	8.95	17.96	72.62	10.07	0.067%
68	M	13.37	97.70	8.75	18.21	73.63	10.59	0.071%
69	M	13.54	86.95	7.91	18.44	74.58	10.25	0.075%
18	F	3.22	30.81	4.19	4.39	41.73	0.84	0.079%
19	F	3.39	32.38	4.72	4.62	43.90	0.87	0.006%
20	F	3.57	34.04	5.38	4.86	46.22	0.91	0.007%
21	F	3.77	35.78	6.14	5.13	48.75	0.95	0.007%
22	F	3.95	37.40	6.53	5.37	51.09	0.96	0.025%
23	F	4.11	38.89	6.50	5.59	53.14	0.95	0.044%
24	F	4.27	40.40	6.44	5.81	55.21	0.95	0.045%

G. P. MONNIN CONSULTING, INC.

		Annual Premium Rates						
Age	Sex/Tier	Per \$100	Per \$25	Per \$500	Per \$250	Per \$50	Per \$50	% of Prem
		Transport ation	Contag Dis/ OP Surg Recovery	Family Support	Diagnostic Procedure	Wellness	Rehab	Waiver
25	F	4.43	41.94	6.35	6.04	57.32	0.94	0.046%
26	F	4.60	43.52	6.23	6.27	59.48	0.94	0.047%
27	F	4.78	45.15	6.06	6.51	61.74	0.93	0.048%
28	F	4.98	46.83	5.84	6.77	64.15	0.93	0.049%
29	F	5.16	48.42	5.62	7.02	66.43	0.92	0.047%
30	F	5.33	49.89	5.39	7.26	68.54	0.92	0.046%
31	F	5.48	51.23	5.16	7.47	70.43	0.92	0.045%
32	F	5.62	52.40	4.91	7.65	72.02	0.92	0.044%
33	F	5.72	53.37	4.66	7.79	73.17	0.92	0.042%
34	F	5.83	54.37	4.42	7.94	74.32	0.93	0.040%
35	F	5.94	55.41	4.20	8.09	75.48	0.95	0.038%
36	F	6.05	56.48	4.00	8.24	76.62	0.99	0.035%
37	F	6.17	57.60	3.83	8.40	77.76	1.04	0.033%
38	F	6.29	58.77	3.70	8.56	78.87	1.10	0.031%
39	F	6.41	60.03	3.58	8.73	80.02	1.19	0.029%
40	F	6.55	61.41	3.49	8.92	81.23	1.30	0.027%
41	F	6.70	62.83	3.42	9.12	82.51	1.40	0.025%
42	F	6.86	64.41	3.39	9.34	83.92	1.51	0.024%
43	F	7.05	66.16	3.41	9.60	85.50	1.63	0.022%
44	F	7.25	67.98	3.43	9.87	87.03	1.76	0.022%
45	F	7.45	69.87	3.46	10.14	88.49	1.90	0.021%
46	F	7.66	71.85	3.51	10.43	89.90	2.05	0.021%
47	F	7.89	73.96	3.58	10.75	91.25	2.21	0.021%
48	F	8.15	76.21	3.67	11.09	92.57	2.40	0.020%
49	F	8.40	78.43	3.76	11.44	93.38	2.61	0.021%
50	F	8.65	80.62	3.87	11.78	93.46	2.85	0.021%
51	F	8.90	82.76	3.99	12.12	93.46	3.10	0.021%
52	F	9.15	84.86	4.13	12.45	93.46	3.38	0.021%
53	F	9.39	86.91	4.28	12.78	93.46	3.69	0.022%
54	F	9.63	88.92	4.44	13.11	93.46	4.04	0.023%
55	F	9.87	90.89	4.60	13.44	93.46	4.43	0.024%
56	F	10.12	92.83	4.78	13.77	93.46	4.84	0.024%
57	F	10.37	94.72	4.97	14.11	93.46	5.30	0.025%
58	F	10.63	96.57	5.17	14.47	93.46	5.80	0.026%
59	F	10.88	98.21	5.36	14.82	93.46	6.36	0.028%
60	F	11.12	99.59	5.54	15.14	93.46	6.99	0.030%
61	F	11.35	100.64	5.71	15.45	93.46	7.66	0.032%
62	F	11.55	101.23	5.86	15.72	93.46	8.37	0.033%
63	F	11.71	101.24	6.00	15.94	93.46	9.13	0.035%
64	F	11.87	100.72	6.09	16.16	93.46	9.95	0.037%
65	F	12.03	99.43	6.13	16.38	93.46	10.81	0.040%
66	F	12.18	97.75	6.13	16.59	93.46	11.72	0.042%
67	F	12.33	95.31	6.08	16.79	93.46	12.59	0.044%
68	F	12.48	91.13	5.91	16.99	93.46	13.24	0.046%
69	F	12.61	80.96	5.32	17.17	93.46	12.81	0.048%
18	M + Ch	5.81	22.75	3.78	6.57	61.21	1.21	0.014%
19	M + Ch	5.84	22.98	3.79	6.61	61.39	1.21	0.014%
20	M + Ch	5.84	22.99	3.80	6.61	61.59	1.20	0.015%
21	M + Ch	5.79	22.81	3.81	6.53	61.81	1.20	0.015%
22	M + Ch	5.80	23.19	3.82	6.55	62.06	1.19	0.015%
23	M + Ch	5.90	24.17	3.82	6.69	62.34	1.17	0.015%
24	M + Ch	6.01	25.17	3.84	6.84	62.67	1.15	0.014%
25	M + Ch	6.12	26.21	3.86	6.99	63.04	1.14	0.014%
26	M + Ch	6.23	27.30	3.89	7.14	63.46	1.13	0.014%
27	M + Ch	6.35	28.44	3.93	7.31	63.95	1.12	0.014%
28	M + Ch	6.48	29.63	4.00	7.48	64.54	1.12	0.014%
29	M + Ch	6.61	30.86	4.06	7.66	65.26	1.13	0.014%
30	M + Ch	6.74	32.13	4.13	7.84	66.00	1.13	0.014%
31	M + Ch	6.88	33.44	4.21	8.03	66.76	1.15	0.015%

G. P. MONNIN CONSULTING, INC.

		Annual Premium Rates						
Age	Sex/Tier	Per \$100	Per \$25	Per \$500	Per \$250	Per \$50	Per \$50	% of Prem
		Transport ation	Contag Dis/ OP Surg Recovery	Family Support	Diagnostic Procedure	Wellness	Rehab	Waiver
32	M + Ch	7.03	34.79	4.29	8.22	67.55	1.16	0.015%
33	M + Ch	7.18	36.21	4.38	8.43	68.37	1.19	0.015%
34	M + Ch	7.33	37.68	4.48	8.64	69.22	1.21	0.016%
35	M + Ch	7.49	39.21	4.59	8.85	70.10	1.25	0.016%
36	M + Ch	7.66	40.81	4.70	9.08	71.02	1.29	0.016%
37	M + Ch	7.83	42.50	4.83	9.32	71.98	1.33	0.017%
38	M + Ch	8.01	44.29	4.96	9.57	72.99	1.39	0.017%
39	M + Ch	8.21	46.20	5.11	9.83	74.06	1.47	0.018%
40	M + Ch	8.42	48.25	5.26	10.12	75.22	1.56	0.019%
41	M + Ch	8.64	50.36	5.41	10.42	76.42	1.64	0.019%
42	M + Ch	8.88	52.68	5.58	10.74	77.74	1.74	0.020%
43	M + Ch	9.15	55.22	5.75	11.11	79.24	1.83	0.021%
44	M + Ch	9.43	57.83	5.93	11.50	80.78	1.94	0.022%
45	M + Ch	9.72	60.54	6.13	11.89	82.37	2.05	0.022%
46	M + Ch	10.02	63.35	6.33	12.30	84.04	2.17	0.023%
47	M + Ch	10.34	66.31	6.55	12.73	85.79	2.30	0.024%
48	M + Ch	10.68	69.43	6.78	13.20	87.69	2.45	0.026%
49	M + Ch	11.03	72.56	7.02	13.68	89.60	2.61	0.027%
50	M + Ch	11.38	75.73	7.27	14.16	91.54	2.79	0.028%
51	M + Ch	11.74	78.93	7.52	14.65	93.52	2.99	0.030%
52	M + Ch	12.11	82.19	7.80	15.15	95.56	3.21	0.031%
53	M + Ch	12.50	85.50	8.08	15.68	97.69	3.45	0.033%
54	M + Ch	12.88	88.71	8.37	16.20	99.79	3.72	0.035%
55	M + Ch	13.26	91.80	8.66	16.71	101.85	4.01	0.037%
56	M + Ch	13.62	94.73	8.96	17.20	103.86	4.34	0.039%
57	M + Ch	13.98	97.50	9.26	17.69	105.83	4.70	0.041%
58	M + Ch	14.32	100.05	9.58	18.16	107.73	5.10	0.043%
59	M + Ch	14.66	102.35	9.89	18.61	109.56	5.54	0.046%
60	M + Ch	14.97	104.33	10.18	19.04	111.30	6.03	0.049%
61	M + Ch	15.27	105.90	10.46	19.44	112.92	6.56	0.051%
62	M + Ch	15.53	106.92	10.72	19.80	114.36	7.12	0.054%
63	M + Ch	15.74	107.23	10.96	20.09	115.53	7.71	0.058%
64	M + Ch	15.95	106.97	11.13	20.37	116.67	8.32	0.062%
65	M + Ch	16.15	105.86	11.20	20.64	117.78	8.96	0.066%
66	M + Ch	16.35	104.33	11.21	20.92	118.88	9.67	0.070%
67	M + Ch	16.54	101.96	11.12	21.18	119.94	10.36	0.074%
68	M + Ch	16.73	97.70	10.79	21.43	120.95	10.86	0.078%
69	M + Ch	16.90	86.95	9.72	21.66	121.90	10.49	0.082%
18	F + Ch	6.58	30.81	6.77	7.61	89.05	1.19	0.013%
19	F + Ch	6.74	32.38	7.30	7.84	91.22	1.22	0.013%
20	F + Ch	6.92	34.04	7.96	8.08	93.54	1.25	0.013%
21	F + Ch	7.12	35.78	8.73	8.35	96.07	1.29	0.032%
22	F + Ch	7.30	37.40	9.11	8.60	98.41	1.31	0.051%
23	F + Ch	7.46	38.89	9.08	8.81	100.46	1.30	0.052%
24	F + Ch	7.62	40.40	9.03	9.03	102.53	1.29	0.053%
25	F + Ch	7.79	41.94	8.94	9.26	104.64	1.29	0.054%
26	F + Ch	7.96	43.52	8.82	9.49	106.80	1.28	0.054%
27	F + Ch	8.14	45.15	8.65	9.73	109.06	1.28	0.055%
28	F + Ch	8.33	46.83	8.43	9.99	111.48	1.27	0.054%
29	F + Ch	8.51	48.42	8.21	10.24	113.76	1.27	0.053%
30	F + Ch	8.68	49.89	7.98	10.48	115.87	1.27	0.052%
31	F + Ch	8.84	51.23	7.74	10.69	117.75	1.27	0.050%
32	F + Ch	8.97	52.40	7.50	10.87	119.34	1.27	0.049%
33	F + Ch	9.08	53.37	7.24	11.01	120.49	1.27	0.047%
34	F + Ch	9.18	54.37	7.00	11.16	121.64	1.28	0.045%
35	F + Ch	9.29	55.41	6.79	11.31	122.80	1.30	0.042%
36	F + Ch	9.40	56.48	6.59	11.46	123.94	1.33	0.040%
37	F + Ch	9.52	57.60	6.42	11.62	125.08	1.38	0.038%
38	F + Ch	9.64	58.77	6.28	11.78	126.19	1.45	0.036%

G. P. MONNIN CONSULTING, INC.

		Annual Premium Rates						
		Per \$100	Per \$25	Per \$500	Per \$250	Per \$50	Per \$50	% of Prem
Age	Sex/Tier	Contag Dis/ Transport    OP Surg    Family    Diagnostic ation    Recovery    Support    Procedure    Wellness    Rehab    Waiver						
39	F + Ch	9.77	60.03	6.16	11.95	127.34	1.53	0.034%
40	F + Ch	9.91	61.41	6.07	12.14	128.55	1.64	0.032%
41	F + Ch	10.05	62.83	6.00	12.34	129.83	1.74	0.030%
42	F + Ch	10.22	64.41	5.97	12.57	131.24	1.85	0.029%
43	F + Ch	10.40	66.16	5.99	12.82	132.82	1.97	0.028%
44	F + Ch	10.60	67.98	6.01	13.09	134.35	2.10	0.028%
45	F + Ch	10.80	69.87	6.04	13.36	135.81	2.24	0.028%
46	F + Ch	11.01	71.85	6.09	13.65	137.22	2.39	0.027%
47	F + Ch	11.25	73.96	6.15	13.97	138.57	2.56	0.027%
48	F + Ch	11.50	76.21	6.24	14.31	139.89	2.75	0.027%
49	F + Ch	11.75	78.43	6.33	14.66	140.70	2.96	0.028%
50	F + Ch	12.00	80.62	6.44	15.00	140.78	3.19	0.028%
51	F + Ch	12.25	82.76	6.55	15.34	140.78	3.45	0.028%
52	F + Ch	12.50	84.86	6.68	15.67	140.78	3.73	0.028%
53	F + Ch	12.74	86.91	6.83	16.00	140.78	4.04	0.029%
54	F + Ch	12.98	88.92	6.99	16.33	140.78	4.38	0.030%
55	F + Ch	13.22	90.89	7.15	16.66	140.78	4.77	0.031%
56	F + Ch	13.47	92.83	7.32	16.99	140.78	5.18	0.032%
57	F + Ch	13.72	94.72	7.49	17.34	140.78	5.64	0.033%
58	F + Ch	13.98	96.57	7.68	17.69	140.78	6.14	0.035%
59	F + Ch	14.23	98.21	7.86	18.04	140.78	6.70	0.037%
60	F + Ch	14.47	99.59	8.03	18.36	140.78	7.33	0.038%
61	F + Ch	14.70	100.64	8.18	18.67	140.78	7.99	0.040%
62	F + Ch	14.90	101.23	8.31	18.94	140.78	8.70	0.042%
63	F + Ch	15.06	101.24	8.41	19.17	140.78	9.46	0.044%
64	F + Ch	15.22	100.72	8.46	19.38	140.78	10.27	0.046%
65	F + Ch	15.38	99.43	8.44	19.60	140.78	11.12	0.049%
66	F + Ch	15.54	97.75	8.38	19.81	140.78	12.02	0.051%
67	F + Ch	15.69	95.31	8.25	20.02	140.78	12.88	0.053%
68	F + Ch	15.83	91.13	7.95	20.21	140.78	13.51	0.055%
69	F + Ch	15.96	80.96	7.12	20.39	140.78	13.05	0.057%
18	Couples	5.68	53.56	5.38	7.74	55.62	1.70	0.014%
19	Couples	5.88	55.36	5.92	8.01	57.97	1.73	0.014%
20	Couples	6.06	57.03	6.60	8.25	60.48	1.77	0.015%
21	Couples	6.20	58.60	7.37	8.44	63.24	1.80	0.033%
22	Couples	6.39	60.59	7.76	8.70	65.83	1.81	0.052%
23	Couples	6.66	63.06	7.73	9.06	68.16	1.78	0.053%
24	Couples	6.92	65.58	7.69	9.43	70.55	1.76	0.053%
25	Couples	7.20	68.16	7.63	9.80	73.03	1.74	0.054%
26	Couples	7.48	70.82	7.53	10.19	75.62	1.72	0.055%
27	Couples	7.78	73.59	7.41	10.60	78.37	1.71	0.055%
28	Couples	8.10	76.47	7.25	11.03	81.38	1.71	0.054%
29	Couples	8.42	79.28	7.10	11.46	84.38	1.71	0.053%
30	Couples	8.72	82.02	6.94	11.87	87.22	1.71	0.052%
31	Couples	9.02	84.67	6.78	12.28	89.87	1.72	0.051%
32	Couples	9.29	87.19	6.62	12.65	92.25	1.74	0.050%
33	Couples	9.55	89.58	6.46	13.00	94.22	1.76	0.048%
34	Couples	9.81	92.05	6.32	13.35	96.23	1.80	0.047%
35	Couples	10.08	94.62	6.20	13.72	98.26	1.85	0.045%
36	Couples	10.36	97.29	6.12	14.10	100.32	1.93	0.043%
37	Couples	10.65	100.10	6.08	14.50	102.42	2.02	0.041%
38	Couples	10.95	103.05	6.08	14.91	104.54	2.15	0.040%
39	Couples	11.27	106.23	6.10	15.35	106.76	2.31	0.038%
40	Couples	11.62	109.66	6.17	15.82	109.13	2.51	0.037%
41	Couples	11.98	113.19	6.25	16.32	111.61	2.70	0.036%
42	Couples	12.39	117.08	6.39	16.87	114.34	2.90	0.035%
43	Couples	12.85	121.38	6.58	17.49	117.42	3.12	0.035%
44	Couples	13.32	125.81	6.78	18.14	120.49	3.35	0.036%
45	Couples	13.81	130.40	7.01	18.81	123.55	3.60	0.037%

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		Annual Premium Rates						
Age	Sex/Tier	Per \$100	Per \$25	Per \$500	Per \$250	Per \$50	Per \$50	% of Prem
		Contag Dis/ Transport		Family Support	Diagnostic Procedure	Wellness	Rehab	Waiver
		ation	OP Surg Recovery					
46	Couples	14.33	135.20	7.27	19.51	126.61	3.87	0.037%
47	Couples	14.88	140.27	7.55	20.26	129.72	4.17	0.038%
48	Couples	15.48	145.64	7.87	21.08	132.93	4.50	0.039%
49	Couples	16.08	151.00	8.21	21.89	135.66	4.87	0.041%
50	Couples	16.68	156.34	8.57	22.71	137.68	5.29	0.043%
51	Couples	17.29	161.69	8.95	23.54	139.66	5.75	0.044%
52	Couples	17.91	167.05	9.36	24.38	141.70	6.25	0.046%
53	Couples	18.54	172.41	9.81	25.24	143.83	6.80	0.049%
54	Couples	19.16	177.64	10.26	26.09	145.93	7.42	0.052%
55	Couples	19.78	182.69	10.72	26.92	147.99	8.10	0.054%
56	Couples	20.39	187.56	11.20	27.76	150.00	8.84	0.057%
57	Couples	20.99	192.22	11.70	28.58	151.96	9.66	0.060%
58	Couples	21.60	196.62	12.23	29.41	153.87	10.56	0.065%
59	Couples	22.19	200.56	12.74	30.21	155.70	11.57	0.069%
60	Couples	22.74	203.92	13.23	30.96	157.44	12.69	0.074%
61	Couples	23.26	206.54	13.70	31.67	159.06	13.89	0.078%
62	Couples	23.72	208.15	14.14	32.30	160.50	15.17	0.083%
63	Couples	24.10	208.47	14.55	32.81	161.66	16.52	0.089%
64	Couples	24.47	207.68	14.85	33.31	162.80	17.96	0.095%
65	Couples	24.83	205.29	15.02	33.80	163.92	19.47	0.101%
66	Couples	25.18	202.08	15.10	34.29	165.02	21.09	0.107%
67	Couples	25.52	197.27	15.03	34.75	166.08	22.67	0.113%
68	Couples	25.85	188.84	14.65	35.20	167.09	23.82	0.119%
69	Couples	26.16	167.91	13.23	35.61	168.03	23.06	0.125%
18	Family	9.04	53.56	7.96	10.96	103.29	2.05	0.020%
19	Family	9.23	55.36	8.51	11.23	105.64	2.08	0.021%
20	Family	9.41	57.03	9.18	11.47	108.15	2.11	0.021%
21	Family	9.55	58.60	9.96	11.66	110.91	2.15	0.040%
22	Family	9.75	60.59	10.35	11.93	113.50	2.15	0.059%
23	Family	10.01	63.06	10.32	12.28	115.83	2.13	0.060%
24	Family	10.28	65.58	10.28	12.65	118.22	2.10	0.060%
25	Family	10.55	68.16	10.21	13.02	120.70	2.08	0.061%
26	Family	10.84	70.82	10.12	13.41	123.29	2.07	0.061%
27	Family	11.14	73.59	10.00	13.82	126.03	2.06	0.062%
28	Family	11.46	76.47	9.84	14.25	129.03	2.05	0.061%
29	Family	11.77	79.28	9.68	14.68	132.02	2.05	0.060%
30	Family	12.07	82.02	9.52	15.10	134.85	2.06	0.059%
31	Family	12.37	84.67	9.37	15.50	137.48	2.07	0.058%
32	Family	12.65	87.19	9.20	15.87	139.82	2.08	0.057%
33	Family	12.90	89.58	9.04	16.22	141.76	2.11	0.055%
34	Family	13.16	92.05	8.90	16.57	143.71	2.15	0.053%
35	Family	13.43	94.62	8.79	16.94	145.69	2.20	0.051%
36	Family	13.71	97.29	8.70	17.32	147.68	2.27	0.049%
37	Family	14.00	100.10	8.66	17.72	149.70	2.37	0.048%
38	Family	14.30	103.05	8.66	18.13	151.72	2.50	0.046%
39	Family	14.62	106.23	8.69	18.57	153.83	2.65	0.045%
40	Family	14.97	109.66	8.75	19.04	156.06	2.85	0.044%
41	Family	15.34	113.19	8.84	19.54	158.41	3.04	0.043%
42	Family	15.74	117.08	8.97	20.09	160.99	3.25	0.042%
43	Family	16.20	121.38	9.16	20.71	163.90	3.46	0.042%
44	Family	16.68	125.81	9.36	21.36	166.76	3.69	0.043%
45	Family	17.17	130.40	9.59	22.03	169.58	3.94	0.043%
46	Family	17.68	135.20	9.84	22.73	172.36	4.21	0.044%
47	Family	18.23	140.27	10.13	23.48	175.13	4.51	0.045%
48	Family	18.83	145.64	10.45	24.30	177.95	4.85	0.046%
49	Family	19.43	151.00	10.78	25.11	180.21	5.22	0.048%
50	Family	20.03	156.34	11.14	25.93	181.67	5.63	0.049%
51	Family	20.64	161.69	11.51	26.76	182.99	6.09	0.051%
52	Family	21.26	167.05	11.92	27.60	184.25	6.59	0.053%

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		Annual Premium Rates						
		Per \$100	Per \$25	Per \$500	Per \$250	Per \$50	Per \$50	% of Prem
		Contag Dis/ Transport ation OP Surg Recovery Family Support Diagnostic Procedure Wellness Rehab Waiver						
Age	Sex/Tier							
53	Family	21.89	172.41	12.36	28.46	185.43	7.15	0.055%
54	Family	22.51	177.64	12.81	29.31	186.36	7.76	0.058%
55	Family	23.13	182.69	13.27	30.15	186.92	8.44	0.061%
56	Family	23.74	187.56	13.74	30.98	186.92	9.18	0.064%
57	Family	24.34	192.22	14.23	31.80	186.92	10.00	0.067%
58	Family	24.95	196.62	14.75	32.63	186.92	10.90	0.071%
59	Family	25.54	200.56	15.25	33.43	186.92	11.90	0.076%
60	Family	26.09	203.92	15.72	34.19	186.92	13.02	0.080%
61	Family	26.61	206.54	16.17	34.89	186.92	14.22	0.085%
62	Family	27.07	208.15	16.58	35.52	186.92	15.49	0.089%
63	Family	27.45	208.47	16.96	36.03	186.92	16.84	0.096%
64	Family	27.82	207.68	17.22	36.53	186.92	18.27	0.102%
65	Family	28.18	205.29	17.33	37.02	186.92	19.78	0.108%
66	Family	28.53	202.08	17.34	37.51	186.92	21.39	0.114%
67	Family	28.88	197.27	17.20	37.97	186.92	22.96	0.120%
68	Family	29.20	188.84	16.70	38.42	186.92	24.10	0.126%
69	Family	29.51	167.91	15.03	38.83	186.92	23.30	0.132%

## **Appendix B**

Projection of Loss Ratios			
Policy			
Year	Premiums	Claims	Ratio
1	504.10	185.50	37%
2	364.32	169.67	47%
3	279.58	140.04	50%
4	216.69	115.24	53%
5	182.67	103.68	57%
6	162.60	98.05	60%
7	144.66	89.85	62%
8	128.63	82.38	64%
9	104.28	66.77	64%
10	92.70	60.88	66%
11	82.35	55.59	67%
12	73.11	51.21	70%
13	64.85	47.18	73%
14	49.03	34.90	71%
15	43.52	31.95	73%
16	38.60	29.37	76%
17	34.21	27.22	80%
18	30.29	25.21	83%
19	21.84	17.41	80%
20	19.36	16.02	83%
21	17.16	14.80	86%
22	15.19	13.77	91%
23	13.43	12.79	95%
24	9.19	8.11	88%
25	8.14	7.48	92%
26	7.21	6.92	96%
27	6.37	6.45	101%
28	5.63	5.99	106%
29	3.75	3.58	96%
30	3.31	3.31	100%
PV @ 4.0%	2,171.61	1,161.81	53.5%

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Group Hospital Indemnity HIC-GP-HI-POL 10/13		
<b>Project Name/Number:</b>	Group Hospital Indemnity/HIC-GP-HI-POL 10/13		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	See general information tab
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certificate of Authority to File
<b>Comments:</b>	
<b>Attachment(s):</b>	Humana Insurance Company Authorization letter (2014).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	GPMC Humana Hospital Indemnity Memorandum Only - Original.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	see attached actuarial memorandum
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Group Hospital Indemnity HIC-GP-HI-POL 10/13		
<b>Project Name/Number:</b>	Group Hospital Indemnity/HIC-GP-HI-POL 10/13		

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



January 1, 2014

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

---

Bruce Broussard, President  
Humana Insurance Company

**Humana Insurance Company**  
Actuarial Memorandum  
Policy Form: HIC-HI-GP

**1. Scope and Purpose of Filing**

This is a new filing of this policy form. The purpose of this filing is to present the proposed rates for the policy form referenced above. This filing is not intended to be used for any other purpose.

**2. Description of the Benefits**

Available optional indemnity benefits for this policy form are as follows:

Daily Hospital Confinement Benefit  
First Occurrence Hospital Confinement Benefit (one benefit per year or one each for accident and sickness)  
Daily ICU/Burn Benefit  
Outpatient Surgery Benefit  
Inpatient Physician Visit  
Inpatient Surgery Benefit  
Office Visit Benefit  
Emergency Room Visit Benefit  
At Home Nursing Benefit  
Transportation Benefit  
Contagious Disease/Outpatient Surgical Recovery Benefit  
Diagnostic Procedure Benefit  
Family Support Benefit  
Rehabilitation Benefit  
Wellness Benefit  
Waiver of Premium Benefit

**3. Renewability Clause**

This form will be issued to employer groups. The form may be canceled by the employer or the company. Coverage for a certificate holder ends when the certificate holder reaches age 70. The certificate provides a portability provision which allows the certificate holder to keep the policy's benefits when coverage would otherwise end. This provision includes the option to exercise the Portability Privilege on the termination date of the policy.

**4. Applicability**

This is a new filing of this form.



## 5. **Morbidity**

G. P. Monnin Consulting, Inc. (GPMC) relied upon pricing morbidity assumptions provided by United Health Actuarial Services, Inc. (UHAS) and Humana.

Sources referenced by UHAS include the following:

-Injury in the United States – 2007 Chartbook (U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics)

-Tillinghast HealthMAPS claim cost model for 2010

Sources referenced by Humana include the following:

-Milliman 2012 data (for the Outpatient and Inpatient Surgery Benefits)

-Humana large group medical utilization data (for the First Occurrence Hospital Confinement Benefit)

GPMC reviewed the morbidity assumptions for reasonableness and consistency within benefit categories but did not review the original sources referenced by UHAS and Humana.

## 6. **Mortality**

The expected deaths are based on the 2001 CSO ALB Select and Ultimate mortality table, weighted 40% to the male table and 60% to the female table.

## 7. **Persistency**

The following are the expected lapses by policy year. These lapse rates are in addition to the mortality rates indicated above.

<u>Policy Year</u>	<u>Lapse Rate</u>
1	29.6%
2	24.9%
3	20.7%
4	19.1%
5+	10.7%

## 8. Expense Assumptions

Humana has contracted with a large marketing and TPA firm to sell and administer this product, including the payment of commissions. The TPA is being paid on a percentage of premium basis. Therefore, all expenses have been presented as a percentage of premium.

Commissions and TPA work -	35.0%
Premium Taxes -	2.5%
Retained by Humana for administration-	5.0%

## 9. Marketing Method

This policy will be marketed through agents to employer groups.

## 10. Underwriting

This policy will be guaranteed issue at initial enrollment if minimum participation standards are met. It is underwritten using simplified underwriting if minimum standards are not met or entry is requested after initial enrollment.

The following selection factors have been used against ultimate claim costs for the listed benefits:

Year	Factor	Benefits
1	60%	Daily Hospital Confinement Benefit
2	80%	Lump Sum Hospital Confinement Benefit
3	85%	Outpatient Surgery Benefit
4	90%	Inpatient Physician Visit
5	95%	Inpatient Surgery Benefit
6+	100%	At Home Nursing Benefit
		Contagious Disease/Outpatient Surgical Recovery Benefit
		Family Support Benefit
		Rehabilitation Benefit

For the Daily ICU/Burn Benefit, a selection factor of 130% was used for the first policy year. No selection factors were used in pricing the remaining benefits.

## 11. Premiums

The annual premiums are attached as Appendix A. The average annual premium for this policy form is anticipated to be \$589.66 based on the assumed benefit distribution below and the distribution assumptions listed in item 20 of this memorandum.

<u>Benefit</u>	<u>Amount</u>	<u>% of Sales</u>
Lump Sum	1,000	100%
Daily Hospital Benefit	100	100%
Daily ICU	100	50%
OP Surgery	250	100%
Inpatient Physician Visit	25	100%
IP Surgery	500	100%
Office Visit	25	75%
ER	50	25%
At Home Nurse	90	25%
Transportation	100	25%
Contagious Disease/ OP Surgery Recovery	25	25%
Family Support	500	25%
Diagnostic Procedures	250	25%
Wellness	50	25%
Rehab	50	25%

Base rates may be adjusted based on the demographics within a group including, but not limited to: age and gender composition, tobacco use, geographic location, industry, and optional benefits. Base rates may also be adjusted to reflect different expense, commission or profit margin expectations for a group and for other underwriting adjustments. Any rate adjustments will result in an anticipated loss ratio equal or greater to 53.5%.

## 12. Issue Age Range

This form will be available for sale to members of employers groups below the age of 70 that are actively at work.

## 13. Area Factors

The pricing of this form did not incorporate any area factors. The premiums for this form do not vary by geographic area.

## 14. Premium Modalization Rules

The following are the premium modalization rules for this form:

Monthly Direct	0.08333 * Annual
Semi-Annual Direct	0.52 * Annual
Quarterly Direct	0.265 * Annual

**15. Claim Liability and Reserves**

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, durational target loss ratio methods, and percentage of premium methods. There are currently no claim reserves held since this is a new form.

**16. Active Life Reserves**

Active life reserves will be set using appropriate actuarial methodology. Since this is a new policy form, at the time of this filing there are no active life reserves held.

**17. Trend Assumptions – Medical and Insurance**

No trend factors were assumed in pricing this policy.

**18. Minimum Required Loss Ratio**

The minimum loss ratio for this form is 50% based on NAIC model regulations for guaranteed renewable indemnity products. As mentioned in item 3 of this memorandum, the policy form itself is not guaranteed renewable but the portability provision allows certificate holders to continue coverage after the policy is terminated. The projected policy year loss ratios are shown in Appendix B. These projections use all of the assumptions discussed previously.

**19. Anticipated Loss Ratio**

For both pricing and for the calculation of the Anticipated Loss Ratio, premiums, claims and other items were projected for 30 years. Present values were calculated using a discount rate equal to the expected earned interest rate used in pricing, which was 4.0% for all durations.

The Anticipated Loss Ratio for this form is 53.5%. This is computed as the present value of future benefits divided by the present value of future premiums over the entire future lifetime of the policy form. All assumptions used for this calculation are consistent with those used for pricing. This calculation assumes no future premium schedule changes and is consistent with benefit projections. If any future premium schedule changes were expected, they would have been used in the calculation.

Appendix B shows the Anticipated Loss Ratio for the policy years applicable to the future lifetime of this form. The premium and claim projections are based on the distribution assumptions in Section 20. The projected loss ratios do not include the change from year to year in the Active Life Reserve.

**20. Distribution of Business**

<u>Age Band</u>	<u>Assumption</u>
18 - 35	30.1%
36 - 49	39.3%
50 - 59	23.3%
60 - 64	5.7%
65 - 69	1.7%

<u>Sex</u>	<u>Assumption</u>
Male	37%
Female	63%

<u>Tier</u>	<u>Assumption</u>
EE	69.5%
EE+SP	11.1%
EE+CH	7.9%
EE+Family	11.5%

**21. Contingency and Risk Margins**

This form is expected to produce, based upon the expected claims, an overall contingency margin of approximately 4.0%.

**22. Experience on the Form**

This is a new filing of this form; therefore, there is no experience on the form.

**23. Lifetime Loss Ratio**

This is a new filing of this form; therefore, the Lifetime Loss Ratio equals the Anticipated Loss Ratio described in Section 19 above.

**24. History of Rate Adjustments**

This is a new filing of this form; therefore, it does not have any history of rate adjustments.

**25. Number of Policyholders**


Currently there are no policies in force in your state.

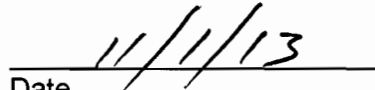
**26. Proposed Effective Date**

This is a new filing of this form; therefore, the proposed effective date of implementation is immediately upon regulatory approval.

**27. Actuarial Certification**

I, Jeff Yeatman, ASA, MAAA, am an actuary for G.P. Monnin Consulting, Inc. I am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of your state and the rules of the Department of Insurance, and complies with Actuarial Standard of Practice Number 8, "Regulatory Filing for Health Plan Entities", as adopted by the Actuarial Standards Board, December, 2005, and that the benefits provided are reasonable in relation to the proposed premiums.

  
Jeff Yeatman, ASA, MAAA  
Consulting Actuary

  
Date

GPMC Humana Hospital Indemnity Memorandum - Original.doc